MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			1		
2		1			1	
3		2			1	
4					1	
5						
6					1	
7					1	
8					1	
9					1	
10					1	
11				1		
12					1	
13						
14		2			1	
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			12			
TOTAL CLAIMS			14			

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
53							
54							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS